Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

September 12, 2023

[redacted], ADMINISTRATOR
TITHONUS BEDFORD LP
[redacted]

RE: COLONIAL COURTYARD AT BEDFORD
220 DONAHUE MANOR ROAD
BEDFORD, PA, 15522
LICENSE/COC#: 32948

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2023, 08/16/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *COLONIAL COURTYARD AT BEDFORD* **License #**: *32948* **License Expiration**: *06/05/2024*

Address: *220 DONAHUE MANOR ROAD, BEDFORD, PA 15522*

County: *BEDFORD* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *TITHONUS BEDFORD LP*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/12/2000* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *77* **Waking Staff**: *58*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *08/17/2023*

Inspection Dates and Department Representative

08/15/2023 - On-Site: [redacted]

08/16/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *83* **Residents Served**: *60*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Back of facility* **Capacity**: *16* **Residents Served**: *13*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *0*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *17* **Have Physical Disability**: *0*

Inspections / Reviews

08/15/2023 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/03/2023*

08/31/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/05/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/08/2023*

Inspections / Reviews *(continued)*

09/12/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/05/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A hired on [redacted], did not have a Pennsylvania State Police background check completed until 8/15/23.

Staff Member B hired on [redacted] did not have a Pennsylvania State Police background check completed until [redacted]

Plan of Correction ***Accept [redacted] - 08/31/2023)***

1. Violation review: 2600. 51 Criminal Background Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

2. Violation Interpretative Statement:

Staff Member A hired on [redacted] did not have a Pennsylvania State Police background check completed until 8/15/23.

Staff Member B hired on [redacted], did not have a Pennsylvania State Police background check completed until 8/15/23.

3. Review the benefit of the Regulation, per RCG.

Ensures that employees with prohibitive offenses do not work in personal care homes.

4. Description of the Repair of the Immediate Problem:

Staff member A and B background checks were completed on 8/15/23.

5. Determine/ document the Root cause of the Violation:

Lack of Process to ensure compliance with 2600.51

6. Detail Action Steps/ System Developed to prevent future occurrence:

An immediate audit of the team members files in the home were checked by the Administrative Services Director and the Executive Operations Officer on 8/22/23. Files of the violation were completed on 8/15/23. All current files were checked and completed Moving forward all background checks will be completed and check off on new hiring checklist HR061 put in place by the Administrative Services Director before hiring a team member. New hire checklist containing background check and other hiring criteria has been put in place on 8/22/23. Training for the Administrative Services Director was completed on 8/22/23 to ensure that moving forward background checks are complete prior to hiring.

7. Designated position responsible and specify target date for correction.

As of 8/29/23 completion of audit of employee files for background checks were done. The Administrative Services Director is responsible to ensure this audit system and process stays in place by ensuring all background checks are completed before hiring of new team members. The Executive Operation Officer will monitor and sign off on the Hiring Checklist HR061 before team member is employed. As of 8/29/23 the Executive Operation Officer will monitor progress and adherence to the plan, immediately and on-going. A monthly audit of all new hires will start currently and be completed on the 30th of each month, by the Administrative Services Director.

Licensee's Proposed Overall Completion Date: *08/29/2023*

Implemented [redacted] - 09/11/2023)

141a - Medical Evaluation

2. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for resident #1 was not completed within 60 days prior to admission. Resident #1 was admitted to the home on [redacted] *and the initial medical evaluation was dated* [redacted]

Plan of Correction ***Accept*** [redacted] ***- 08/31/2023)***

1. Violation Review : 2600.141a Annual Medical Evaluation- a resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.
2. Violation Interpretative Statement:
The medical evaluation for resident #1 was not completed within 60 days prior to admission. Resident #1 was admitted to the home on 7/3/23 and the initial medical evaluation was dated 4/11/23.
3. Review the benefit of the Regulation, per RCG.
Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.
4. Description of the Repair of the Immediate Problem:
working on putting checklist in place for oversite of DME date.
5. Determine/ document the Root Cause of the Violation.
Lack of process to ensure compliance with 2600.141a
6. Detail Action Steps/ System Developed to prevent future occurrence:
On 8/21/23 a checklist is has been put in place prior to moving in a resident to ensure that medical evaluation has been completed with proper dates for compliance of 2600.141.a. Community Relations Director will verify and complete checklist, Resident Wellness Director will be second in the verification process. This will be reviewed on every Monday at 11:15am in the Move n meetings before being admitted to the home.

7. Designated position responsible and specify target date for correction:
On 8/21/23 and moving forward, the Community Relations Director and the Resident Wellness Director will monitor the checklist and the dates of the medical evaluations to make sure they are in compliance with 2600.141.a
The checklist will be monitored on going as of 8/21/23 by the Executive Operations Officer these will be weekly audited in Monday move in meetings by all parties before the resident moves in.

Licensee's Proposed Overall Completion Date: *08/30/2023*

Implemented ([redacted] ***- 09/11/2023)***

141b1 Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on [redacted]*. No annual medical evaluation was observed on file as of* [redacted]

141b1 - Annual Medical Evaluation *(continued)*

Plan of Correction ***Accept [redacted] - 08/31/2023)***

1. Violation Review : 2600.141b1 Annual Medical Evaluation- A resident shall have a medical evaluation: At least annually.
2. Violation Interpretative Statement:
Resident #4's most recent medical evaluation was completed on [redacted]. No annual medical evaluation was observed on file as of [redacted]

3. Review the benefit of the Regulation, per RCG.
Accurate, updated medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met
4. Description of the Repair of the Immediate Problem:
Medical evaluation for the resident #4 was sat up with PCP call was made [redacted] and appointment was made for PCP to evaluate resident #4 on [redacted] were , medical evaluation will be completed. Completed on [redacted]
5. Determine/ document the Root Cause of the Violation.
Lack of process to ensure compliance with 2600.141b1
6. Detail Action Steps/ System Developed to prevent future occurrences:
On 8/21/23 Resident Wellness Coordinator created a monthly tickler system with current annual Medical Evaluations of all residents, new residents will be added on move in day. These medical evaluations will be audited at the 1st of each month to make sure evaluation is completed in compliance of 2600.141.b
Resident #4 medical evaluation was completed on 8/26/23. and was added to the August tickler for next year.
7. Designated position responsible and specify target date for correction:
On 8/21/23 Resident Wellness Director will maintain and monitor tickler binder of Medical evaluations of the residents. When auditing the department monthly on the 5th of each month by the Executive Operations Officer and Resident Wellness Director will monitor that this is being done and completed per 2600.141.b regulations.

Licensee's Proposed Overall Completion Date: *08/30/2023*

Implemented [redacted] - 09/11/2023)

185a - Implement Storage Procedures

4. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer for resident #3 was not calibrated correctly. On [redacted] at [redacted] the glucometer reading stated a date and time of [redacted]

On [redacted] the following incorrect blood glucose measurements were recorded on the Medication Administration Record (MAR) for resident #3. On [redacted], the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On this date the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On [redacted], the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On this date the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted] On [redacted], the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On this

185a - Implement Storage Procedures (continued)

date the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On [redacted], the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted] On this date the glucometer for the 8:00 AM measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On [redacted], the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]

On [redacted], the glucometer for resident #2 recorded only [redacted] blood glucose measurements from [redacted] until [redacted]. Resident #2's MAR recorded blood glucose measurements at [redacted], however the glucometer lacked corresponding measurements of any [redacted] measurement from [redacted] until [redacted]

Plan of Correction ***Accept [redacted] - 08/31/2023)***

1. Violation Review 2600. 185a Implement Storage Procedures : The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.
2. Violation Interpretive Statement:
The glucometer for resident #3 was not calibrated correctly. On [redacted] at [redacted] the glucometer reading stated a date and time of [redacted].

On [redacted] following incorrect blood glucose measurements were recorded on the Medication Administration Record (MAR) for resident #3. On [redacted] the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On this date the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On [redacted] 23, the glucometer for the [redacted] PM measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On this date the [redacted] AM measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On [redacted], the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On this date the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On [redacted], the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On this date the glucometer for the [redacted] measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted]. On [redacted] the glucometer for the [redacted] PM measurement recorded a blood glucose measurement of [redacted] and the MAR record was [redacted].

On [redacted], the glucometer for resident #2 recorded only [redacted] blood glucose measurements from [redacted] until [redacted]. Resident #2's MAR recorded blood glucose measurements at [redacted], however the glucometer lacked corresponding measurements of any [redacted] measurement from [redacted] until [redacted].
3. Review the benefit of the Regulation, per RCG.
Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.
4. Description of the Repair of the Immediate Problem:
Resident #3 glucometer was calibrated on [redacted] to fix the problem of date and time by the Resident Wellness Coordinator.
5. Determine/ document the Root Cause of the Violation:

185a - Implement Storage Procedures (continued)

Lack of the process to ensure compliance with 2600.185a

6. Detail Action Steps/ System Developed to prevent future occurrences:
On 8/17/23 Resident Wellness Coordinator pulled all diabetic equipment and audited glucometer for corrections.
On 9/15/23 Resident Wellness Coordinator will have a wellness staff training to train staff to accurately read and document readings into move -n. In place will be a monthly audit, that the 30th of each month a audit of measurements will be done to ensure that recording match both glucometer and move-n chart. These will then be monitored by the Resident Wellness Coordinator and signed off on.
7. Designated position responsible and specify target date for correction:
Ongoing and after 9/15/23 the Resident Wellness Coordinator with the Executive Operations Officer will meet for a monthly cart audit and glucometer checks, and review for a second time for proper completion. This will be done between the time of the 1st and 5th of the month, after wellness team completes there audit on the 30th of each month. A sign off sheet will be in place by 9/15/23 and reviewed on the audit done by the RWD and EOO by the 5th of the month.

Licensee's Proposed Overall Completion Date: *08/30/2023*

Implemented [redacted] - 09/11/2023)

227c - Support Plan Revision

5. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

On [redacted] resident #3 received an order for an enabler bar. However, the most recent support plan was dated 3/27/23. No additional support plan was revised documenting the need for the enabler bar.

Plan of Correction ***Accept [redacted] 08/31/2023)***

1. Violation Review: 2600. 227c Support Plan Revision-The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.
2. Violation Interpretative Statement:
On 4/21/23 resident #3 received an order for an enabler bar. However, the most recent support plan was dated 3/27/23. No additional support plan was revised documenting the need for the enabler bar.
3. Review the benefit of the Regulation, per RCG:
Ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.
4. Description of the Repair of the Immediate Problem:
On 8/30/23 added enabler bar to the Focus areas for transfer to bed/chair to the assessment for resident #3.
5. Determine/ document the Root Cause of the Violation:
Lack of process to ensure compliance with 2600. 227c.

6. Detail Action Steps/ System Developed to prevent future occurrences:
As of 8/30/23 and moving forward all areas of focus will be added to assessments. Area of focus was added on 8/29/23 to the Move-n-Spirit program which moving forward will allow documentation of this nature to be added. Resident #3 current assessment was changed, revised, and documented to reflect need for the enabler bar on 8/30/23 by the Resident Wellness Director.

227c - Support Plan Revision (continued)

7. Designated position responsible and specify target date for correction:
Moving Forward all focus areas will be added to the assessments with the updated change to the program on 8/29/23. The Resident Wellness Director will monitor and complete changes moving forward for focus areas such as enabler bar. These will be completed annually or if a change happens by the Resident Wellness Director. As of 8/30/23 and moving forward, Executive Operations Officer will monitor and sign off on assessments as well as the Resident Wellness Director and other parties to ensure completion.

Licensee's Proposed Overall Completion Date: *08/30/2023*

Implemented (- 09/11/2023)

227g -Support Plan Signatures

6. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #2 dated lacked signatures of any participants who developed the plan.

Plan of Correction ***Accept (- 08/31/2023)***

1. Violation Review: 2600 227g Support Plan Signatures- Individuals who participate in the development of the support plan shall sign and date the support plan.
2. Violation Interpretative Statement-
The support plan for resident #2 dated lacked signatures of any participants who developed the plan.
3. Review the benefit of the Regulations , per RCG.
Having individuals who participate in the development of the support plan sign and date the support plan provides a record of who participated in the development of the support plan for future reference purposes.
4. Description of Repair of the Immediate Problem:
Support plan was documented on that signature was missed, and was signed.
5. Determine / document the Root Cause of the Violation:
Lack of process to ensure compliance with 2600. 227g.

6. Detail Action Steps/ System Developed to prevent future occurrence:
Resident Wellness Director will complete a whole home audit of all resident support plans by 9/15/23 to ensure support plan signatures are present. Any missing signatures will be addressed at time of findings, and Resident Wellness Director and Resident will review and sign with 1-3 business days. To monitor ongoing compliance after completion of audit, once full home audit is complete.
Resident Wellness Director and Executive Operations Officer will complete ongoing monthly audits to ensure compliance with regulation 2600. 227.g
7. Designated position responsible and specify target date for correction:
After audit on 9/15/23 Resident Wellness Director and Executive Operations Officer will complete ongoing monthly audits to ensure compliance with regulation 2600. 227.g
these audits will held monthly on the 15th of each month during the home Squirt meetings, for quality and assurance.
Resident wellness Director will complete education with wellness tea regarding regulation 2600.227.g by 9/15/23

Licensee's Proposed Overall Completion Date: *08/30/2023*

227g Support Plan Signatures *(continued)*

Implemented ([redacted] 09/11/2023)